

TYPE: [] IXC

☒ CLEC

[] ILEC

[] Wireless

242145

CERTIFICATED COMPANY INFORMATION

Comtech 21 LLC

Company Name _____ FEIN/SSN 203-679-7000

Dbaf/ka _____ Telephone # _____

one Barnes Park South

Mailing Address _____

Wallingford CT 06492

City, State, Zip Code _____

same

Business Location _____

City, State, Zip Code _____ County _____

REGISTERED AGENT INFORMATION

Registered Agent: Incorp Services INC.

Mailing Address: 317 Ruth Vista

Lexington SC 29043

City, State, Zip Code _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. **General Manager** (Include Address if different than above)
michael brady / 203-679-7177 / mbrady@comtech21.com
 Telephone Number / Facsimile Number / E-mail Address
matthew connors
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
877-312-5564 / 877-312-5541
 Telephone Number / Facsimile Number / E-mail Address
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
 / /
 Telephone Number / Facsimile Number / E-mail Address
- C2. **Customer Contact** (Toll Free Number)
877-312-5564
- D. **Engineering Operations** (Include Address if different than above)
 / /
 Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)
 / /
 Telephone Number / Facsimile Number / E-mail Address
Tom Bolton / tbolton@comtech21.com
- F. **Emergencies** (During Non-Office Hours)
877-312-5564
 Telephone Number / Facsimile Number / E-mail Address

CLERK'S OFFICE
 MAR 11 2013

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

- Michael Bradt
G. **Regulatory Officer** (Include Address if different than above) Regulatory@comtechadl.com
Telephone Number / Facsimile Number / E-mail Address
203 679-7177 203 679-7387
- H. **Dual Party Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
- I. **Interim LEC Fund Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
- J. **Universal Service Fund Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
- K. **Gross Receipts Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
- L. **Lifeline Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

Richard Minervino Richard Minervino
This form was completed by Signature
Manager 12-8-13
Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201